



## **Third Party Outpatient Collection System (TPOCS) Updates: Impacts to Billers of HIPAA X12 5010 and NCPDP Version D.0 Upgrades and new electronic billing clearing house**

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# 5010 and NCPDP TPOCS Modifications

## Electronic Billing Changes to TPOCS

The **HIPAA 5010 837 I & P** and the **Pharmacy NCPDP D.0** changes are **mandated by CMS and are effective 1 Jan 2012**. The new electronic exchange will be required to submit claims to payers and have them processed for payment.

This presentation will:

- Address the **TPOCS modifications for electronic billing** to comply with the HIPAA 5010 requirements for the **837i - Institutional, 837p - Professional**, and **Pharmacy NCPDP D.0**.
- Introduce some **new TPOCS data elements** that are now mandatory with these new requirements.

The new requirements are **only for electronic claims submissions**, paper claims (UB 04 and CMS 1500) are not affected.

# 5010 and NCPDP TPOCS Modifications

## Electronic Billing Changes to TPOCS

### 5010 - 837i - Institutional Exchange

- Principle Diagnosis (up to 8 Diagnosis)
- Reason for Patient Visit (formerly “Chief Compliant”)
- Country Subdivision Code\*\*
- Individual Relationship/Person Code
- Referral Number
- Prior Authorization

**\*\* Only sites Overseas**

## Electronic Billing Changes to TPOCS

### 5010 - 837p - Professional Exchange

- Country Subdivision Code\*\*
- Individual Relationship/Person Code
- Pregnancy Indicator (*Gender Sensitive*)
- Last Menstrual Period (LMP) Date (*Gender Sensitive*)
- CLIA (Clinical Laboratory Improvement Amendment)\_
- Referral Number
- Prior Authorization

**\*\* Only sites Overseas**

# 5010 and NCPDP TPOCS Modifications

## Electronic Billing Changes to TPOCS

### NCPDP - D.0 - Pharmacy Exchange

- Number of Authorized Refills
- Quantity Dispensed (Metric Values – one thousandth/0.000)

# 5010 and NCPDP TPOCS Modifications

## Electronic Billing Changes to TPOCS

### TPOCS Areas:

#### **Patient/Policy Tab**

Patient Tab, Policy Tab, and Links Tab

#### **Billing Tab**

Manual/CHCS Data for Clinic (Type-1), Lab-Rad (Type-2) and Pharmacy (Type-3)

#### **Table Maintenance Tab**

Site Maintenance

#### **More Info Button**

More Information Detail

# 5010 and NCPDP TPOCS Modifications

## Electronic Billing Changes to TPOCS - Patient/Policy Tab

### Patient Tab

#### **New Fields:** Patient Address

- Country Code - **CHCS-OHI - #15**
- Country Subdivision Code - Manual entry in TPOCS\*\*

### Policy Tab

#### **New Fields:** Policy Holder Address

- Country Code - **CHCS-OHI - #48**
- Country Subdivision Code - Manual entry in TPOCS \*\*

#### **Additional Data:**

- Benefit Identification Number - **BIN - CHCS-OHI - #71**
- Process Control Number - **PCN - CHCS-OHI - #72**

### Links Tab

#### **Additional Data:**

- Card Holder ID - **CHCS-OHI - #37**
- Person Code - **CHCS-OHI - #38**

# TPOCS Patient/Polices - Patient and Polices Tabs

(1.0) TPOCS - Itemized Billing - [(2.1.1) Patients & Policies]

File Edit Data Patients Billing Accounting Reports Tools Window Help

Insert Save Delete Sort Query Stop Query First Previous Next Last Help Top... Close

Enter a New or Existing Patient ID: 30574676610 Name: ADAMS

**Patient** Policies Links

Patient System ID: 0101617570 Address Street: 8087 B Steet  
Last Name: ADAMS DOB: 11/13/1921  
First Name: CELLPHONE Category: A45 City: COLUMBIA  
MI: S Gender: FEMALE State: SC Zip: 45564  
Suffix: Status: WIDOWED Work: Ext:  
SSN: 135-38-5308 Sponsor SSN: 574-67-6610 Home: 314-0034858 Country Country Subdivision Code  
Remarks:

Entry User: TPCUSER Source: CHCS Type: INSERT Entry Date: 04/24/2009

**Patient Tab**

(1.0) TPOCS - Itemized Billing - [(2.1.2) Patients & Policies]

File Edit Data Patients Billing Accounting Reports Tools Window Help

Insert Save Delete Sort Query Stop Query First Previous Next Last Help Top... Close

Enter a New or Existing Patient ID: 30574676610 Name: ADAMS

**Patient** Policies Links

**Family Policy 1 of 1**

Policy Number: W066911235 Policy ID: 36438 Claim Filing Code: SELF-PAY  
Group Number: 72102711303 Policy Eff. Dates: 01/01/2000 to 00/00/0000  
Group Name: TRADITIONAL CHOICE Policy Category: GENERAL  
BIN: PCN: Insurance Type: GP GROUP POLICY  
Insurance Company ID: AETNC0004 Insu. Name / Contact No: AETNA 5071213776  
Policy Holder SSN: 345-21-4493 Name: DONOTSURPRISEME S HORTON  
Policy Holder DOB: 11/13/1921 Address: 44079 J Steet Gender: FEMALE  
Phone: 9672933953  
Policy Holder City/State/Zip/Country/Country Sub Div: COLUMBIA SC 85483  
Insured Thru Employer: No Employer Name: UNKNOWN  
Employer Contact: Employer Address 1:  
Contact Phone / Ext: 5040978170 Employer Address 2:  
Employer City / State / Zip Code / Country Code:  
Coverage Type: MEDICAL Coverage Payer Type: BOTH INSTITUTIONAL AND PROFESSIONAL  
Policy Remarks:

Entry User: TPCUSER Source: CHCS Type: INSERT Entry Date: 04/24/2009

**Policy Tab**

The **Subdivision Country Code** is not provided from CHCS. The user must manually enter the **Subdivision Country Code** for the **Patient** and **Policy Holder** in TPOCS.

The **Country Code** can also be manually entered if not provided by CHCS.



# TPOCS Patient/Polices - Links Tab

**(1.0) TPOCS - Itemized Billing - [(2.1.3) Patients & Policies]**

File Edit Data Patients Billing Accounting Reports Tools Window Help

Insert Save Delete Sort Query Stop Query First Previous Next Last Help Top... Close

Enter a New or Existing Patient ID: 30574676610 Name: ADAMS ?

Patient Policies **Links**

Sequence Policy Information

Policy Number: W066911235 Insurance Co: AETNA Start Date: 01/01/2000 End Date: 00/00/0000

Policy Holder Information

Holder SSN: 345-21-4493 Inactive Dt: 00/00/0000 FMP: 30 1ST SPOUSE/FORMER SPOUSE

Person Association Code: H18 SELF

Card Holder ID: card holder # Coverage Type: MEDICAL Coverage Payer Type: BOTH INSTITUTIONAL AND PF

Person Code:

## Links Tab

The **Card Holder ID** and the associated **Person Code** can be found on the Links Tab. User can also manually enter the Card Holder ID in TPOCS

# 5010 and NCPDP TPOCS Modifications

## Electronic Billing Changes to TPOCS - Billing Tab

### Manual/CHCS Data Clinic (Type-1) and Lab-Rad (Type-2)

#### **New Fields:**

- Referring Provider - **CHCS-ADM - #77** - Last Name, First Name
- Anesthesia Minutes of Service - Manual entry in TPOCS

#### **Additional Data:**

- Reason for Patient Visit - **CHCS-ADM - #35** - Name Change - formerly "Chief Complaint"

### Pharmacy (Type-3)

#### **New Field:**

- Number of Authorized Refills - **CHCS-Pharm - #33**

#### **Additional Data:**

- Quantity Dispensed (Metric Value = 1.000) - **CHCS-Pharm - #16**

**NOTE:** The Benefit Identification Number - **BIN** and/or the Process Control Number-**PCN** is required for electronic pharmacy claims.

# TPOCS Billing Screen - Clinic (Type-1)

**(1.0) TPOCS - Itemized Billing - [(3.1.2) Patient Billing [385599]]**

File Edit Data Patients Billing Accounting Reports Tools Window Help

Add Bill Save as I... Save as... Delete Sort Query Stop Query First Previous Next Last Help Top... Close

Bill Type **1** CLINIC Date of Service 07/21/2011 thru 07/21/2011 App IEN Control # Rank/Source Primary Bill MANUAL Disposition Record Changed

Patient ID/Name 20840147130 ADAMS BOMBIT Treating DMIS ID 0105 MONCRIEF ACH-FT. JACKSON Facility NPI 1386652956 Locality 370 Type Of Bill 0131

MEPRS BAAA INTERNAL MEDICINE CLINIC A Position Specialty NPI Taxonomy Condition Codes

Provider 010133555 ADAMS BICEPTS 01 01 100 1002633800 208600000X

Provider 02 02 100 1002633800 208600000X

Provider 03 03 100 1002633800 208600000X

Insurance Policy 31749 MAILHANDLERS MEDICAL MD B Total Amount Due \$2,251.90

Referring 010110001 WALTERS NOODLE Electronic Bill 208D00000X

Prior Authorization 123PS1890

Reason for Visit 401.9 ESSENTIAL HYPERTENSION, UNSPECIFIED

Remarks

Diagnosis

S.No.	Code	Description
1	413.9	OTHER AND UNSPECIFIED ANI

Procedure

E&M	CPT4/HCPCS	Detail	Report					
Code	Mod	Description	Rate	Units	Rev Code	Class	Dx Link	An MOS
99199	00	UNLISTED SPECIAL SERVICE, PR	1,963.06	1	490	01	1	23
00300	00	ANESTH,ALL PROC,INTEGUM SY	222.72	1	370	01	1	23

The text "Chief Complaint" for outpatient encounters was changed to "**Reason for Patient Visit**".

**Referring Provider** is provided by CHCS and can also be manually entered in TPOCS.

**Anesthesia MOS (Minutes-of-Service)** can be manually entered for all anesthesia services. Anesthesia MOS can be entered for Clinical encounters (Clinic - Type-1) and Laboratory and Radiology (Lab/Rad - Type-3) services when required.

# TPOCS Billing Screen - Pharmacy (Type-2)

**(1.0) TPOCS - Itemized Billing - [(3.2.1) Patient Billing [385599]]**

File Edit Data Patients Billing Accounting Reports Tools Window Help

Add Bill Save as I... Save as... Delete Sort Query Stop Query First Previous Next Last Help Top... Close

Bill

Bill Type **2** PHARMACY Date of Service 07/21/2011 thru 07/21/2011 App IEN Control # Rank/Source Primary Bill MANUAL Disposition Record Changed Type Of Bill 0131

Reporting Code PSI 5010 TESTING SITE Patient ID/Name 20840147130 ADAMS BOMBIT Treating DMIS ID 0105 MONCRIEF ACH-FT. JACKSON Facility NPI 1386652956

MEPRS BAAA INTERNAL MEDICINE CLINIC A Position 01 Specialty 100 NPI 1002633800 Taxonomy 208600000X

Prescriber ID/Qual 010133555 ADAMS BICEPTS

Insurance Policy 31749 MAIL HANDLERS MEDICAL MD B BIN PCN Electronic Bill Referring 010110001 WALTERS NOODLE 208D00000

Prior Authorization 123PSI890 Qual NCPDP 12345678 DEA BH6218603 PROVIDER No

Remarks

**Total Amount Due \$4.88**

More Info

Diagnosis

S.No.	Code	Description	Qual
1	413.9	OTHER AND UNSPECIFIED AN	01

NDC

Number	Description	Qty	Cost	Total	Rev	Auth # Refills
54643105400	ARISTOSPAN 5 MG/ML VIAL	1.000	2.88	4.88	250	3

Rx 1 Qual: Date: 00/00/0000 Days: 30 Fill no: DUR/PPS Cd: 3

The **Quantity Dispense** had changed to a new data format for reporting (**0.000**).

The **Authorized Number of Refills** is a new data field that has been added for pharmacy encounters.

The user can also verify the **BIN** and **PCN** needed for billing electronic billing. This data can be entered into TPOCS by way of the **Patient/Policies - Policy Tab**.

## Electronic Billing Changes to TPOCS

### Table Maintenance Tab

#### Site Maintenance

##### **New Fields:** Site/Facility Address

- Country Code - Manual entry in TPOCS
- Country Sub-Division Code - Manual entry in TPOCS\*\*

### More Info Button

#### More Information Detail

##### **New Fields:**

- CLIA Number - **CHCS-Lab - #46**
- Pregnancy Indicator - **CHCS-ADM - #66** (*Gender Sensitive*)
- Last Menstrual Period - **CHCS-ADM - #67** (*Gender Sensitive*)
- Referral Number - **CHCS-ADM - #75**

# TPOCS Site Maintenance Screen

(1.0) TPOCS - Itemized Billing - [(6.1.7) Site Maintenance]

File Edit Data Patients Billing Accounting Reports Tools Window Help

Print Copy Site Insert Save Delete Sort Query Stop Query First Previous Next Last Help Top

Site ID: A Reporting Code: A - PSI 5010 TESTING SITE

Site Name: PSI HOSPITAL - 5010 TEST

Address1: 3717 COLUMBIA PIKE

Address2: 5010 TESTING

City: ARLINGTON State: VA Zip Code: 222047467

Country Code: USA Country Subdivision Code: CSDC

Email: test@plan-sys.com Communication Number: 12312213

Phone: (703)575-8400 Phone Ext: Fax Number: 2123423324

Fed Tax No: 987654321

Dental License: Pharm No: NCPDP/NABP No: 12345678

Remarks: TESTING 5010 FORMAT837-I

Signature:

## Sites

The TPOCS user can manually enter the Country Code and the Subdivision Country Code for each Site ID.

# TPOCS More Info Details

(1.0) TPOCS - Itemized Billing

File Patients Billing Accounting Reports Tools Window Help

(3.3.2) Patient Billing [382805]

Bill Type 3 LAB/RAD Date of Service 03/21/2011 thru 00/00/0000 App IEN Control # Rank/Source Primary Bill CHCS Disposition RAW DATA

Patient ID/Name 30701000187 BARNES EMOI J Facility NPI 138652956 Locality 370 Type Of Bill 0131

Treating DMIS ID 0105 MONCRIEF ACH-FT. JACKSON

MEPRS FCCA NON-FEDERAL EXTERNAL PROVIDER A Position Specialty NPI Taxonomy Condition Codes

Provider 010136079 HERRERA ANH 01 1001214300 207 ZP0105X

Provider 01014358 ROBINSON ANH 01 1001214300 207R00000X

Insurance Policy 24976 BCBS OF SOUTH CAROLINA XM B Total Amount Due \$0.00

BIN PCN Electronic Bill Referring Prior Authorization

Remarks

More Info Pat Cat: A43 Lab Accession: 110321 MCH 1681  
DEERS Eligibility Flag: Lab CLIA #: CLIA # Here  
HCDP Code: 009 Rad Exam: Referral #: Ref # Here  
APV Flag: Medical Record:  
Mammo Certt:

Diagnosis S.No. Code Description

1

Procedure CPT/HCPCS Detail Report

Code	Mod	Description	Rate	Units	Rev Code	Class	Dx Link	An	MDS
84439	00	THYROXINE; FREE (I)	0.00	1	300	01	1		
84443	00	THYROID STIMULATING HORMO	0.00	1	300	01	1		
80061	90	LIPID PANEL (I)	0.00	1	300	01	1		
80053	00	COMPREHEN METABOLIC PANEL	0.00	1	300	01	1		

(3.6) More Information Details [382805]

CHCS Host DMIS ID: 0101 External Lab Type:

Group/Parent DMIS ID: 0105 Appointment IEN:

Patient SSN: 132-63-4044 HCDP Code: 009

Patient Category Code: A43 Lab Accession No: 110321 MCH 16

Patient Age: 61 Rad Exam No:

Provider Specialty Code: Register Number:

Secondary Provider Role: Appointment Match Indicator:

Secondary Provider Two Role: Pregnancy Indicator N LMP Date 10/25/2011 00

Process Flag Order ID Order Date Tech Component Date Cancel Date Rad Exam No

N	110321-004	03/21/2011	03/21/2011		
N	110321-004	03/21/2011	03/21/2011		
N	110321-004	03/21/2011	03/21/2011		

Close

Ready Row 1 of 1 11-7-11 16:27:12 tpocs5010 NPI

The **LMP** (Last Menstrual Period) and **Pregnancy Indicator** are new data requirements for TPOCS. The user can also manually enter the LMP.

The **More Info** data comes from CHCS. If missing, TPOCS allows the user to manually enter the **CLIA #** and **Referral #** associated with that encounter.

- Questions?



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